

**TALENT POOL RECOMMENDATION FORM**

We invite you to recommend distinguished classroom teachers and/or principals who have demonstrated all of the following:

- Exceptional educational talent as evidenced by effective instructional practices and student learning results in the classroom and school;
- Exemplary educational accomplishments beyond the classroom that provide models of excellence for the profession;
- Individuals whose contributions to education are largely unheralded yet worthy of the spotlight;
- Early- to mid-career educators who offer strong long-range potential for professional and policy leadership; and
- Engaging and inspiring presence that motivates and impacts students, colleagues and the community.

Please complete a separate form for each individual including a **one-page letter** explaining how this person meets the criteria outlined in this letter. Please include a **resume** for each recommendation.

Incomplete forms will be eliminated from this process.

**THIS IS A CONFIDENTIAL PROCESS.**  
**INDIVIDUALS SHOULD NOT BE AWARE OF THIS RECOMMENDATION.**

Name of Recommended Educator: \_\_\_\_\_

Classroom Teacher \_\_\_\_\_ Principal \_\_\_\_\_ Other (specify) : \_\_\_\_\_

For teachers, grade(s) **currently** teaching: \_\_\_\_\_ For principals, grade levels in building: \_\_\_\_\_

\_\_\_\_\_ Reading/English/Language Arts \_\_\_\_\_ Science \_\_\_\_\_ Mathematics  
 \_\_\_\_\_ Social Studies \_\_\_\_\_ Fine Arts  
 \_\_\_\_\_ Foreign Language (please specify): \_\_\_\_\_ Other (please specify): \_\_\_\_\_

Total Years in Education: \_\_\_\_\_ If a principal, number of years as an administrator: \_\_\_\_\_

Will this person be at the same school site next year? \_\_\_\_\_

School District : \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_  
 Street City State ZIP

School Phone: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_ School Fax: (\_\_\_\_) \_\_\_\_\_

Educator's Supervisor: \_\_\_\_\_  
 Name Title

Supervisor's Phone: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_ Supervisor's Fax: (\_\_\_\_) \_\_\_\_\_

Supervisor's Email: \_\_\_\_\_

**RATE** educator from 1-10 (10 being highest) on the following four criteria and provide a paragraph to explain your rating. Be detailed and thorough, with examples whenever possible.

1. \_\_\_\_\_ Exceptional educational talent as evidenced by effective instructional practices and student learning results in the classroom and school.

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2. \_\_\_\_\_ Exemplary educational accomplishments beyond the classroom that provide models of excellence for the profession. Include committees, mentoring, awards, publications, presentations.

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3. \_\_\_\_\_ Strong long-range potential for professional and policy leadership, i.e., predict the educator's potential to remain in education for at least 20-25 more years and demonstrate leadership in the profession.

4. \_\_\_\_\_ Engaging and inspiring presence that motivates and impacts students, colleagues and the community. Do students perform at higher levels due to the educator, pursue certain careers, credit their success to the educator, etc.?

Cite evidence of student achievement gains as a result of the educator's practices:

Cite awards the educator has received:

Other comments:

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Education		
Schools Attended	Degrees	Graduation Years

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Indicate ethnicity of educator being recommended:

<input type="checkbox"/> White	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Asian	<input type="checkbox"/> Native American Indian or Alaska Native
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Other (please specify): _____	

Please list the names and phone numbers of three references other than you for the educator. We will call and interview them. They should know the educator currently and very well.

_____	_____	( )	( )	
Name	Title	Phone (W)	Phone (H)	E-mail
_____	_____	( )	( )	
Name	Title	Phone (W)	Phone (H)	E-mail
_____	_____	( )	( )	
Name	Title	Phone (W)	Phone (H)	E-mail
_____	_____	( )	( )	
<b>YOUR Name</b>	Title	Phone (W)	Phone (H)	E-mail

**Return completed letter(s) and form(s) by AUGUST 1, 2010 to:**

Jill Remick, Communications Director  
 Vermont Department of Education  
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 Montpelier, VT 05620-2501

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